

PRACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 04-APR-2015		TIME 16:19:00	2. ADDRESS OF OCCURRENCE 6152 S ROCKWELL ST CHICAGO, IL 60629				3. LOCATION CODE 092		4. BEAT/OCUR 0825	
INVOLVED INA INFORMATION	5 POSITION 9161	6. LAST NAME OKEEFE	7. FIRST NAME JOHN D	8. STAR NO. 18418	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE	12. HT 510	13. WT 175	
	14. DATE OF APPT. 28-OCT-2002	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 311 6710D	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	20. LAST NAME PETTWAY	21. FIRST NAME ERIC	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 602	27. WT. 200		
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL	34. BY WHOM? DR [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. APPARENT CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid							
37. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****	DNA	38. CB NO. 19091372	39. IR NO. DNA							

	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT: ASSAULT	ASSAILANT: BATTERY	ASSAILANT: DEADLY FORCE
SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> CC/ CHEMICAL WEAPON <input type="checkbox"/> WARRANTORIZATION <input type="checkbox"/> OTHER _____	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Skin) <input type="checkbox"/> TASER (Spark Dispersed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREFARM <input checked="" type="checkbox"/> OTHER _____

IS-
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INA
1. OCCUPATIONAL WEAPON AUTHORIZED BY (NAME) _____
4B. ADDITIONAL INFORMATION
**ASSAILANT WAS ARMED WITH A HANDGUN AND POINTED THE SAID HANDGUN
AT R/O.**

WEAPON DISCHARGED		AL13284	630428		
64. SPECIAL WEAPON CERTIFICATE NO.	65. PROPERTY INVENTORY NO.	66. TYPE OF AMMUNITION USED	67. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	68. TOTAL NO. OF SHOTS MEMBER FIRED	
		9MM	1	4	
69. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	70. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	71. NO OF CARTRIDGES/SHOT SHELLS RELOADED	72. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		
73. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	74. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	75. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO			
76. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) VEHICLE		77. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01A - 05 FT. <input type="checkbox"/> 02 06 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.			
78. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		79. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN			
70. EVENT NO. 1509410220					

01 PERSON 02 OBJECT 03 BOTH 04 UNKNOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY) _____

NOTIFICATIONS (OC OR TASER INCIDENT): OEMC DSS & LT/DIST. OF OCCUR. CPIC
NOTIFICATIONS (FIREARM INCIDENT): OEMC DSS/DIST. OF OCCUR & OCIC CPIC DET. DIV.

INF Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

GREELY, JOHN C 18410 [REDACTED] 0364
04-APR-2015 22:13:39

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
7A. REVIEWING SUPERVISOR (Print Name) KARCZEWSKI, MICHAEL T	STAR NO. 1055	SIGNATURE [REDACTED]	DATE REVIEWED 04-APR-2015	TIME 22:21:48

PD-11.377 (REV. 3/08) 106# 1074534

Look After Me

Attachment 12

1996-03-26 10:00:00 1996-03-26 10:00:00

88. UNPAID FEES PAID TO:

720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS
570.0/402-C, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/9-1-A-1

DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR: 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Safety Reason)

Subject unable to be interviewed by the undersigned

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the facts available at this time, it is the preliminary determination of the undersigned that Police Officer John O'Keefe #18418 acted in compliance with department policy in that Police Officer O'Keefe fired his weapon in fear of his life after the Offender Pettway pointed a weapon in Officer O'Keefe's direction, placing him in fear of his life. Log 1074534 and U# 15-005

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNG. OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CALLOWAY, KEITH A

SIGNATURE

DATE COMPLETED

04-APR-2015 22:34:36

79. TOTAL TRR'S THIS EVENT NO.